1199627

SEC Potential persons who are to respond to the collection of information contained in 1972 (6this form are not required to respond unless the form displays a currently valid OMB control number. 02) **ATTENTION** Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice. **UNITED STATES** OMB APPROVAL SECURITIES AND EXCHANGE COMMISSION OMB Number: 3235-0076 Washington, D.C. 20549 Expires: May 31, 2005 stimated average burden hours per response.. . 1 FORM D NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATION D, Prefix Serial SECTION 4(6), AND/OR DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION PROCESSE Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Durant Investors, L.L.C. \$620,000.00 Membership Interests SEP 2 6 2007 Filing Under (Check box(es) that [] Section 4(6) [] ULOE apply): THOMSON FINANCIAL [] Amendment Type of Filing: [x] New Filing A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ([] check if this is an amendment and name has changed, and indiciate change.) Durant Investors, L.L.C. (Number and Street, City, State, Zip Code) Address of Executive Offices Telephone Number (Including Area Code) 6960 Orchard Lake Road, Suite 303, West Bloomfield, MI 48322 (248) 626-4800 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Same **Brief Description of Business**

[] limited partnership, already formed

[] limited partnership, to be formed

[X] other (please specify):

limited liability company

Commercial Real Estate Investment

Type of Business Organization

[] corporation

[] business trust

roini D

Month Year

Actual or Estimated Date of Incorporation or Organization: [0]7 [0]2 [X] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction) [M][I]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the state of the s	
Check Box(es) that Apply:	[x] Promoter [x] Beneficial Owner	[] Executive Officer	[] Director [k] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
Sherfield	Advisors, L.L.C.		

Check Box(es) that Apply:	[X] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name Bittker, All						
Business or Residence 6960 Orchard	e Address (Numb Lake Road, Su		•	•	•	
Check Box(es) that Apply:	[X] Promoter [X]	Beneficial Owner		Executive Officer	[] Director [General and/or Managing Partner
Full Name (Last name Breimeister						
Business or Residence 11515 Chimne	e Address (Number y Rock, Housto		City, 035	State, Zip Coo	le)	
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[]	Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)					
Business or Residence	e Address (Numbe	er and Street,	City,	State, Zip Cod	le)	
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner		Executive Officer	[] Director [General and/or Managing Partner
Full Name (Last name	e first, if individual)	· .·	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Business or Residence	e Address (Numb	er and Street,	City,	State, Zip Cod	e)	
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[]	Executive Officer	[] Director [General and/or Managing Partner
Full Name (Last name	e first, if individual)				·····	
Business or Residence	e Address (Numbe	er and Street,	City,	State, Zip Cod	(e)	***************************************
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[]	Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)					
Business or Residence	e Address (Numbe	er and Street,	City,	State, Zip Cod	e)	

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.										s Y€ [es No	
2 Wh	at is the	minimu						f filing ur any indivi			s.	50,000
						•		•			····· Ψ <u>-</u> Υε	
		-			-	_					•	K][]
directiconne person the na person only.	y or indir ction with or ager me of the or successions	rectly, and he sales of a broke the	ny comr of secul proker or er or dea ker or de	nission or rities in to dealer i ler. If mo ealer, yo	or similar he offeri registere ore than ou may s	r remuneing. If a point of the firm of the	eration for person to persons persons	en or will or solicitate be listed ind/or with to be listed nation for	tion of pu I is an as h a state ed are as	rchasers sociated or states sociated	s in s, list	
Full Na	ame (Las	st name	first, if i	ndividua	I)							
Busine	ss or Re	esidence	e Addres	ss (Num	ber and	Street, C	City, State	e, Zip Co	de)			·····
NI	-6 0	-:-4- d D		Daalaa								
Name	of Assoc	nated b	roker or	Dealer								
								t Purchas	sers			
(Che		States	" or ch				5)	•••••		[] All S	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	(FL)	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[/1]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Fuii Na	me (Las	st name	first, if i	ndividua	1)							
Busine	ss or Re	esidence	e Addres	ss (Num	ber and	Street, C	ity, State	e, Zip Co	de)			
Name	of Assoc	ciated B	roker or	Dealer	·							
				to some a segment of				a name and a second and a second	100 mm 10 mm 10 mm			
								t Purchas	sers		1 411 0	4-4
•							()		יכו ז	[] All S	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	(IN] [NE]	[IA] [NV]	[KS]	[NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	me (Las				·							
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							· · · · · · · · · · · · · · · · · · ·	······································		
Busine	ss or Re	esidence	e Addres	ss (Num	ber and	Street, C	ity, State	e, Zip Co	de)			
Name	of Assoc	ciated B	roker or	Dealer		**		M				
States	in Mhich	h Boros	n Lietad	Hac Sc	licited e-	Intondo	to Solici	Purchas	ore			·
						States		- ulolias	0013	г	1 All S	tates

Rule 504

Total

\$

\$

		e and check the box	to the left of the		
Transfer Ager	nt's Fees			[]\$_	
			•••••	[]\$_	
•	-				000
Accounting Fe	es	•••••			
Engineering F	ees	*************************************	.,,,		
Sales Commis	ssions (specit	y finders' fees sepa	rately)	[]\$_	
Other Expens	es (identify)	organizational	expenses	[x]\$ <u></u>	15,000
Total				[x] \$ <u>_2</u>	20,000
Question 1 and total	al expenses f	the aggregate offerious descriptions of the issue of the	ng price given in response to Fe to Part C - Question 4.a. Thisuer."	Part C - s \$	600,000
proposed to be use purpose is not known estimate. The total	ed for each of wn, furnish ar of the payme	the purposes shown estimate and check	proceeds to the issuer used or n. If the amount for any k the box to the left of the all the adjusted gross proceeds on 4.b above.		
				Payments to	
				Officers,	Payments
				Directors, &	
				Affiliates	Others
Salaries and f	ees			[]	[] \$
Purchase of re	eal estate	••••••		[]	[]
		and installation of m		[]	[] \$
Construction of	or leasing of p	plant buildings and fa	acilities	[] \$	[] \$
securities inve	olved in this o the assets or	sses (including the v iffering that may be in securities of another	used in er issuer	[]	[] \$600,000
,	• ,	s		[]	[]
Working capit	al			[]	[]
Other (specify	y):			[]	[]
				[]	[]
Column Totals	s			[]	\$600,000
Total Paymen	ts Listed (cold	umn totals added)		[]\$60	0,000

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer

to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature /	Date
Durant Investors, L.L.C.	Ille Siffe	Sept. 9,2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Allan Bittker	Managing Member of Sherf	ield Advisors, of Issuer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Durant Investors, L.L.C.

Name of Signer (Print or Type)

Allan Bittker

Signature

Date

Sept. 9,2002

Title (Print or Type)

Managing Member of Sherfield
Advisors, LLC, Managing Member

of Issuer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed

must be photocopies of the manually signed copy or bear typed or printed signatures.

			A STATE OF THE PARTY OF THE PAR	APP	ENDIX				
· 1	Intend to non-accommusestors (Part B-I	credited in State	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	ar	Type of nount pu (Part	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredited				No
AL AK									
AZ		х	35,000	1	35,000	none			х
AR CA		х	50,000	1	50,000	none			х
CO CT									
DE DC									
FL		х	185,000	2	185,00) none			х
GA HI									
ID IL		x	50,000	1	50,000	none			х
IN		A	50,000		50,000	none			
IA KS									
KY									
LA ME									
MD MA									
MI		х	250,000	4	250,00	none.			x
MN MS			****						
МО									
MT NE									
NY NH									
NI									
NM NY									
NC									

rotti B

ND							
ОН							
OK							
OR							
PA							
RI							
SC							
SD							
TN					-		
TX	х	50,000	1	50,000	none		х
UT							
VT							
VA					_		
WA							
WV							
WI							
WY							
PR							

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002